

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/661,641		
	Filing Date	September 15, 2003		
	First Named Inventor	Burke T. Barrett		
	Title	Treatment of Neuropsychiatric Disorders by Near-Diaphragmatic Nerve Stimulation		
	Art Unit	3762		
	Examiner Name	Scott M. Getzow		
	Attorney Docket No.	1000.026CON		
I hereby revoke all previous powers of attorney given in the above-identified application.				
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: 41332				
<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to: <input checked="" type="checkbox"/> The address associated with Customer Number: 41332				
<input type="checkbox"/> Firm or Individual Name Address City State Zip Country Telephone Fax				
I am the: <input type="checkbox"/> Applicant/inventor. Under 37 CFR 3.73(b) Assignee certifies that it is: <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Assignment Recorded 10/23/2001 at Reel/Frame 012341/0228.				
SIGNATURE of Applicant or Assignee of Record				
Company	Cyberonics, Inc.			
Signature	<i>Timothy D. Scott</i>			
Name:	<i>Timothy D. Scott</i>			
Date	<i>09/07/06</i>		Telephone: <i>281-727-2652</i>	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
<input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.				